



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/22/97

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD981559149

FACILITY NAME -> ALCOA PLT - FORMER

MAILING ADDRESS -> 700 RIVER RD  
EDGEWATER, NJ 07020

INSTALLATION ADDRESS -> 700 RIVER RD  
EDGEWATER, NJ 07020

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: DAIBES PE, AMIR J  
PROJ MANAGER  
ALCOA PLT - FORMER  
725 RIVER RD  
EDGEWATER, NJ 07020





State of New Jersey  
Department of Environmental Protection and Energy  
Manifest Section  
CN 421, 401 East State Street  
Trenton, New Jersey 08625-0421

U.S. EPA  
AGENCY RO II

94 DEC -8 PM 12: 52

HAZARDOUS & SOLID WASTE  
PROGRAMS BRANCH

## "Request to Deactivate EPA ID Number"

EPA ID No. NJD 981559149

Company Name: A. P. New Jersey, Inc.

Site Address: 700 River Road Edgewater  
(street) (city / town)  
New Jersey 07020  
(state) (zip code) (lot) (block)

Mailing Address: 1501 Alcoa Building Pittsburgh  
(street / p.o. box) (city / town)  
Pennsylvania 15219  
(state) (zip code)

Company Contact: Ewald J. Dollhopf, III 412-337-4594  
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

- ☒ The EPA ID number was obtained for a one time cleanup which is completed.
- ☐ The site has completed an ECRA cleanup (indicate ECRA Case #\_\_\_\_\_).
- ☐ Other \_\_\_\_\_

Is the site presently occupied? (circle yes or no)

Sign and date the application below, and retain the last page (pink copy) for your records.

Ewald J. Dollhopf, III  
(printed name)

Ewald J. Dollhopf  
(signature)

Resident Contact  
(title)

November 21, 1994  
(date)

412-337-4594

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section  
Yellow - USEPA Region II  
Pink - Applicant

Und. 12/13/94 L/R - LN4



Department of Justice, Federal Bureau of Investigation, Washington, D.C. 20535

TO: (Name) \_\_\_\_\_  
FROM: (Name) \_\_\_\_\_  
SUBJECT: \_\_\_\_\_

State and date the application below, and retain the last page (pink copy) for your records.  
Is this application completed? (circle yes or no) \_\_\_\_\_

- ☐ Other \_\_\_\_\_
  - ☐ The site has completed an EBSA clearing (indicate EBSA Case # \_\_\_\_\_)
  - ☐ The EBSA ID number was obtained for a one time clearing which is completed
- Reasons for discontinuing EBSA ID ID# (check all appropriate boxes):

Company Contact: (Name) \_\_\_\_\_ (City & State) \_\_\_\_\_

(Address) \_\_\_\_\_ (City & State) \_\_\_\_\_

Meeting Address: (Address) \_\_\_\_\_ (City & State) \_\_\_\_\_

(City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (State) \_\_\_\_\_ (Country) \_\_\_\_\_

Site Address: \_\_\_\_\_ (City & State) \_\_\_\_\_

Company Name: \_\_\_\_\_

EBSA ID ID# \_\_\_\_\_

### Request to Discontinue EBSA ID Number

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
 Discontinued: \_\_\_\_\_ Date: \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Department of Justice, Federal Bureau of Investigation, Washington, D.C. 20535  
 Environmental Protection Agency, Washington, D.C. 20460





## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/26/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NJD981559149

FACILITY NAME ->

A P NEW JERSEY INC

MAILING ADDRESS ->

700 RIVER RD  
EDGEWATER, NJ 07020

INSTALLATION ADDRESS ->

700 RIVER RD  
EDGEWATER, NJ 07020

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: DOLLHOPF, EWALD  
RESP CONTACT  
A P NEW JERSEY INC  
100 TECHNICAL DR  
ALCOA CENTER, PA 15069-0001





Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91  
GSA No. 0246-EPA-OT

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

92 APR 13 PM 12:37

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification

☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

NSD981559149

## II. Name of Installation (Include company and specific site name)

A P NEW JERSEY INC

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

700 RIVER ROAD

Street (continued)

City or Town

EDGEWATER

State

ZIP Code

NJ

07020

County Code

County Name

02

BERGEN

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

DOLLHOFF

EWALD

Job Title

Phone Number (area code and number)

RESPONDENT CONTACT

412-337-4594

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

☒

100 TECHNICAL DRIVE

City or Town

State

ZIP Code

ALCOA CENTER

PA

15069-0001

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

A P NEW JERSEY INC

Street, P.O. Box, or Route Number

1501 ALCOA BUILDING

City or Town

State

ZIP Code

PITTSBURGH

PA

15219

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

412-553-4545

P

P

Yes

No

X

0

6

2

7

9

1



ID - For Official Use Only

**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)**

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input checked="" type="checkbox"/> 1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

**IX. Description of Regulated Wastes (Use additional sheets if necessary)**

**A. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**B. Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	8	9	10	11	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C. Other Wastes.** (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
X 7 5 0	X 7 5 1	X 7 5 2	X 7 5 3	X 7 5 4	

**X. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Ewald J. Dollhoff</i>	Name and Official Title (type or print) Ewald Dollhoff Respondent Contact	Date Signed APRIL 07, 1992
---------------------------------------	---	-------------------------------

**XI. Comments**

Wastes generated during the securing of this plant site according to NJ DEP may be hazardous under New Jersey regulations. A. P. New Jersey, Inc. became the present owner as a result of an out-of-court settled law suit.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Form Approved OMB No. 158-S79016  
GSA No. 0246-EPA-OT



AGENCY, REGION II  
NEW YORK, N.Y.  
1986 SEP 11 AM 11:13  
PERMITS ADMINISTRATION  
BRANCH

COMMENTS

INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)								
3										T/A	C			8	6	0	9	1	1	
F	N	J	D	9	8	1	5	5	9	1	4	9								
1	2									1	1	1	2	1	2					

Bergen 003

A	M	L	A	N	D	P	R	O	P	E	R	T	I	E	S	C	O	R	P	O	R	A	T	I	O	N
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

STREET OR P.O. BOX

[illegible]

CITY OR TOWN

ST.

ZIP CODE

[illegible]

STREET OR ROUTE NUMBER

[illegible]

CITY OR TOWN

ST.

ZIP CODE

6	E	D	G	E	W	A	T	E	R								N	J	0	7	0	2	0
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	---	---	---	---	---	---	---

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

[illegible]

A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

**B. TYPE OF OWNERSHIP**  
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL

M

## **X A. GENERATION**

☐ B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR



**B. RAIL**

☒ C. HIGHWAY

☐ D. WATER☐ E. OTHER (specify):

### VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

### A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

X002





I.D. - FOR OFFICIAL USE ONLY

W

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 X000	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)☐ 2. CORROSIVE  
(D002)☐ 3. REACTIVE  
(D003)☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (Type or Print)

DATE SIGNED



 Gene DelBene  
 Owner's Representative

9.4.86

EPA Form 8700-12 (6-80) REVERSE

 BRANCH  
 PERMITS ADMINISTRATION  
 1986 SEP 11 AM 11:13  
 NEW YORK, N.Y.  
 AGENCY, REGION II  
 ENVIRONMENTAL PROTECTION

RECEIVED  
17 MARCH 1963  
U.S. AIR FORCE

1963 SEP 11 10 13

RECEIVED  
17 MARCH 1963  
U.S. AIR FORCE

X

1963



## Provisional Number Questionnaire

1. Name of Facility Requesting ID Number  
Amland Properties Corporation
2. Name and Telephone Number of Person Making Request  
Gene Del Bene (201) 941-4100
3. Date of Request for Provisional Number  
September 4, 1986
4. Time and Date of Episode Causing Emergency  
Not on emergency, remedial cleanup.
5. Projected Date all Hazardous Waste Activity Will Be Terminated  
June 1987
6. Location of Episode  
700 River Road Edgewater, NJ 07020
7. Measures Taken to Control Episode  
Product will be removed, packaged and shipped in accordance with all local, state and federal regulations.
8. Description of Episode  
Remedial cleanup and building decontamination.
9. List Type and Quantity of Wastes  
1,000 cubic yards of PCB contaminated material
10. Name and EPA ID Number of Transporter(s)  
SCA Chemical Services, Inc. NJD 089216790
11. Name and EPA ID Number of Treatment, Storage and/or Disposal Facility (If Known)  
SCA Chemical Services, Inc. NYD 049836679
12. Provide all Provisional Numbers Previously Assigned (If Any)  
None previously assigned
13. Do You Wish to Obtain a Permanent EPA ID Number?  
No, one time event.
14. Comments

15. Signature and Date

*Gene Del Bene*  
9.11.86

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II  
NEW YORK, N.Y.  
1986 SEP 11 AM 11:13  
PERMITS ADMINISTRATION  
BRANCH

03-11-6

NEW YORK, N.Y.  
SEP 11 1963  
RECEIVED

SEP 11 1963

RECEIVED  
SEP 11 1963

X

1. The first part of the report

2. The second part of the report

3. The third part of the report

4. The fourth part of the report

5. The fifth part of the report

6. The sixth part of the report

7. The seventh part of the report

8. The eighth part of the report

9. The ninth part of the report

10. The tenth part of the report

11. The eleventh part of the report

12. The twelfth part of the report

13. The thirteenth part of the report

14. The fourteenth part of the report

15. The fifteenth part of the report

16. The sixteenth part of the report

17. The seventeenth part of the report

18. The eighteenth part of the report

19. The nineteenth part of the report

20. The twentieth part of the report

21. The twenty-first part of the report

22. The twenty-second part of the report

23. The twenty-third part of the report

24. The twenty-fourth part of the report

25. The twenty-fifth part of the report

26. The twenty-sixth part of the report



Please print or type with ELITE



To avoid delays in processing, please complete all sections.  
Only original signature of the Generator is acceptable.

Date Received  
(For Official Use Only)

97-09-15

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number

N J D 9 8 1 5 5 9 1 4 9

II. Name of Installation (Include company and specific site name)

F O R M E R A L C O A P L A N T

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street

7 0 0 R I V E R R O A D

Street (Continued)

E D G E W A T E R

N J 0 7 0 2 0

City of Town

State

Zip Code

COUNTY CODE

County Name

003

B E R G E N

IV. Installation Mailing Address

Street or P.O. Box

S A M E

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

D A I B E S P E

A M I R J

Job Title

Phone Number (Area Code and Number)

P R O J E C T M A N A G E R 2 0 1 - 8 4 0 - 0 0 5 0

VI. Installation Contact Address

A. Contract Address  
Location Mailing Other

B. Street or P.O. Box

7 2 5 R I V E R R O A D

City or Town

State

Zip Code

E D G E W A T E R

N J 0 7 0 2 0

VII. Ownership PROPERTY

A. Name of Installation's Legal Owner

N O R T H R I V E R M E W S A S S O C I A T E S L L C

Street, P.O. Box, or Route Number

7 2 5 R I V E R R O A D

City or Town

State

Zip Code

E D G E W A T E R

N J 0 7 0 2 0

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

2 0 1 - 9 4 7 - 3 9 5 0

P

Yes

X

No

0 8 2 5 9 7

From: Jack Hoyt, ~~ATD~~ DEPP, EPA, Region 2, 290 Broadway, 22 Fl.  
New York, NY 10007-1866. Tel: (212) 637 4106



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

## A. Hazardous Waste Activity

## 1. Generator (See instructions)

- ☒ a. Greater than 1000kg/mo (2,200 lbs.)  
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)

## 2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only  
☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

## 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral  
☐ 2. Small Quantity Exemption  
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

## 1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler  
☐ b. Industrial Boiler  
☐ c. Industrial Furnace

## 3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter  
☐ b. Transfer Facility

## 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process  
☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable  
(D001)☐2. Corrosive  
(D002)☐3. Reactive  
(D003)☐4. Toxicity  
Characteristic☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☐☐☐☐

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

PCB

1
0 0 2
7

2
8

3
9

4
10

5
11

6
12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL

Amir J. Daibes, P.E.

Name and Official Title (Type or print)

Amir J. Daibes, P.E. Proj. Mgr.

Date Signed

9/11/97

## XI. Comments

One time clean-up (i.e. removal) of PCB-contaminated concrete.

PCB's will be picked-up and delivered by Chemical Waste Management, Inc.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)  
to their own TSCA landfill at Model City, New York





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II

JACOB K. JAVITS FEDERAL BUILDING

NEW YORK, NEW YORK 10278

September 8, 1992

Ewald Dollhopf  
A P New Jersey Inc  
100 Technical Dr  
Alcoa Center, PA 15069-0001

*RESUBMITTED SEPT 25, 1992*  
*Ewald J Dollhopf*  
*COMPLETING ALL QUESTIONED*  
*ITEMS.*

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist. Re-sign and date your notification form with an original signature in the Certification block before resubmitting.

Please send your documentation and the enclosed checklist to the following address as soon as possible:

**USEPA - REGION II  
PERMITS ADMINISTRATION BRANCH  
26 FEDERAL PLAZA, ROOM 505  
NEW YORK, NEW YORK 10278  
TELEPHONE NO. 212-264-2014**

Please note that we cannot process your request until the corrected and/or additional information is provided to us. Thank you for your cooperation.

Sincerely yours,

*Laura Livingston*

Laura J. Livingston, Chief  
Permits Administration Branch

Enclosures





DATE: 9-4-92

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

**CHECKLIST OF REASONS  
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12  
CANNOT BE PROCESSED**

Facility Name: A P New Jersey Inc

- 1) ☒ Name of Installation is incomplete.
- 2) ☒ Location of Installation is insufficient.  
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- 3) ☐ Installation Mailing Address is incomplete.
- 4) ☐ Ownership information is incomplete.
- 5) ☐ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete.
- 6) ☐ Certification is insufficient.  
Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☐ Installation Contact is incomplete.  
Please provide the contact person's name, job title, and phone number.
- 8) ☐ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.  
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
- 10) ☐ There is an existing EPA Identification Number for the stated installation at the location address you have specified.  
To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.
- 11) ☐ You have submitted a Subsequent Notification form.  
Please provide us with a brief explanation of the requested changes.
- 12) ☐ Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.





13) ✓

Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. The facility name is \_\_\_\_\_

Amland Properties Corp

Please indicate your facility's relationship to the abovenamed company in the appropriate space(s) below.

\_\_\_\_ The above named facility is in the same building/complex.  
Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

\_\_\_\_ The above named facility is the current owner of the property.  
List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

X The above named facility is the previous owner of the property or prior business.

List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

\_\_\_\_ The above named facility is the previous operator at this location.

\_\_\_\_ Other. Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY**

September 8, 1992

Ewald Dollhopf  
A P New Jersey Inc  
100 Technical Dr  
Alcoa Center, PA 15069-0001

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist. Re-sign and date your notification form with an original signature in the Certification block before resubmitting.

Please send your documentation and the enclosed checklist to the following address as soon as possible:

**USEPA - REGION II  
PERMITS ADMINISTRATION BRANCH  
26 FEDERAL PLAZA, ROOM 505  
NEW YORK, NEW YORK 10278  
TELEPHONE NO. 212-264-2014**

Please note that we cannot process your request until the corrected and/or additional information is provided to us. Thank you for your cooperation.

Sincerely yours,

Laura J. Livingston, Chief  
Permits Administration Branch

Enclosures

20PM-PA:Lopez:k:September 8, 1992 CONCURRENCES

SYMBOL =>	20PM-PA									
SURNAME =>	Livingston									
DATE =>	9/9/92									





DATE:

9-4-92

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

CHECKLIST OF REASONS  
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12  
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- 12) ☐ Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.





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Amiland Properties Corp

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\_\_\_\_ The above named facility is the previous owner of the property or prior business.

List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

\_\_\_\_ The above named facility is the previous operator at this location.

\_\_\_\_ Other. Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

92 APR 13 PM 12:37

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

## II. Name of Installation (Include company and specific site name)

A P N E W J E R S E Y I N C

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

7 0 0 R I V E R R O A D

Street (continued)

City or Town

State

ZIP Code

E D G E W A T E R

N J

0 7 0 2 0 -

County Code

County Name

B E R G E N

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

D O L L H O P F

E W A L D

Job Title

Phone Number (area code and number)

R E S P O N D E N T CONTACT

4 1 2 - 3 3 7 - 4 5 9 4

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

☐ ☒

1 0 0 T E C H N I C A L D R I V E

City or Town

State

ZIP Code

A L C O A C E N T E R

P A

1 5 0 6 9 - 0 0 0 1

## VII. Ownership (See instructions)

## A. Name of Installation's Legal Owner

A P N E W J E R S E Y I N C

Street, P.O. Box, or Route Number

1 5 0 1 A L C O A B U I L D I N G

City or Town

State

ZIP Code

P I T T S B U R G H

P A

1 5 2 1 9 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator(Date Changed)  
Month Day Year

4 1 2 - 5 5 3 - 4 5 4 5

P

P

Yes

No

X

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input checked="" type="checkbox"/> 1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify <input type="text"/>		

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	8	9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
X 7 5 0	X 7 5 1	X 7 5 2	X 7 5 3	X 7 5 4	<input type="text"/>

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Ewald Dollhopf

Name and Official Title (type or print)

Ewald Dollhopf  
Respondent Contact

Date Signed

APRIL 07, 1992

## XI. Comments

Wastes generated during the securing of this plant site according to NJ DEP may be hazardous under New Jersey regulations.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



A. P. NEW JERSEY, INC.  
1501 ALCOA BUILDING  
PITTSBURGH, PENNSYLVANIA 15219

RECEIVED  
SCIENCE REGION II  
92 APR 13 PM 12:37  
PERMITS ADMINISTRATION  
BRANCH

1992 April 07

*Need Permanent #*

U.S. EPA - REGION II  
Permits Administration Branch  
26 Federal Plaza, Room 505  
New York, N.Y. 10278

Attention: Permits Administrator

RE: A.P. New Jersey, Inc.  
700 River Road  
Edgewater, N.J. 07020  
EPA ID NUMBER

---

This is a request for a an EPA ID number for the captioned site. A provisional EPS number is requested via the N.J. DEP concurrently. The original completed form is enclosed along with the provisional ID forms for your information.

Very truly yours,



Ewald J. Dollhopf, III  
Resident Contact

cc: G.J. Crouth - Pittsburgh, AB 19  
R. Steinhagen - Case Manager, N.J. DEP



PITTSBURGH, PENNSYLVANIA 15219

1201 ALCOA BUILDING

A. P. NEW JERSEY, INC.

A. P. NEW JERSEY, INC.  
1501 ALCOA BUILDING  
PITTSBURGH, PENNSYLVANIA 15219

*INFORMATIONAL*

1992 April 07

New Jersey Department of Environmental Protection  
401 E. State Street - 5th Floor, CN028  
Trenton, N.J. 08625

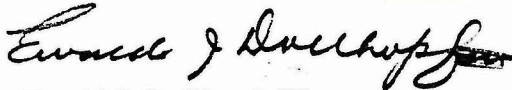
Attention: Ms. B. Bonfonti, Manifest Section

RE: A.P. NEW JERSEY, INC.  
700 RIVER ROAD  
EDGEWATER, NJ 07020  
PROVISIONAL EPA ID NUMBER

This is a request for a provisional EPA ID number for the captioned facility. Attached are two pages of the necessary NJC Temporary # Request Form and an informational copy (two faxed pages of a two sided original) of the completed EPA Notification of Regulated Waste Activity Form. I will mail the original request to you for your files, please do not duplicate.

Please process this request in your efficient manner.

Very truly yours,



Ewald J. Dollhopf, III  
Resident Contact







**State of New Jersey**  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 DIVISION OF HAZARDOUS WASTE MANAGEMENT  
 LANCE R. MILLER, DIRECTOR  
 CN 028  
 Trenton, N.J. 08625-0028  
 (609) 633-1408  
 Fax # (609) 633-1454

**INFORMATIONAL**

**NJC Temporary # Request  
Form**

Please complete all of the following information. An incomplete application will not be processed.

1. Generator Name A.P. New Jersey, Inc.  
 Street Address 700 River Road  
 City Edgewater /State New Jersey  
 Zip 07020 /County Bergen  
 Contact Name Ewald J. Dollhopf III  
 Phone # 412/337-4594

2. Site Address of  
 Waste Not applicable  
 (if different from above)  
 City \_\_\_\_\_ /State \_\_\_\_\_  
 Zip \_\_\_\_\_ /County \_\_\_\_\_

(If Available)  
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ Block# \_\_\_\_\_ Lot# \_\_\_\_\_

3. Requested by (if agent for)  
 Company Name Not applicable  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ /State \_\_\_\_\_  
 Zip \_\_\_\_\_ /Phone# \_\_\_\_\_  
 Contact \_\_\_\_\_



**INFORMATIONAL**

4. Give a brief Description why NJC# is required (ie; Spill, Tank Removal etc...)-:  
To dispose of wastes generated during the securing of this plant  
site according to NJ DEP ACO
5. Waste Description: oils, washwater potentially contaminated with PCB, sludges
6. Waste Code(s): X750, X751, X752, X753, X754
7. Quantity (approx): 100 gallons or less
8. Has the cleanup/episode been reported to one or more of the following?
- DHWM No if yes, - Case # assigned: \_\_\_\_\_
- ECRA No if yes, - Case # assigned: \_\_\_\_\_
- DEP Hotline No if yes, - Case # assigned: \_\_\_\_\_
- U.S.T. No if yes, - Case # assigned: \_\_\_\_\_
- Other: No
9. Transporter Name and EPA ID. No#: To be chosen
10. Facility (TSDF) Name and EPA ID. No#: To be chosen
11. Requestors Name (print) Ewald Dollhopf
- Signature Ewald J. Dollhopf
- Date APRIL 07, 1992

**FOR DEP USE ONLY**

NJC# issued \_\_\_\_\_

Date \_\_\_\_\_

Enforcement Referral Date \_\_\_\_\_





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*****
*                               RCRIS: Notification View Screen 2 of 5                               *
*****
*EPA Id: NJD981559149      Other Id:                               Merge Send: Y                      *
*Date Received(MMDDYYYY): 091186      Source( N/E/S  N Non-Notifier Flag:                *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:          *
*Name of Installation:  AMLAND PROPERTIES CORPORATION                                *
*                               Installation Location Address                                *
*Streets:  700 RIVER ROAD                                                    *
*City:      EDGEWATER                               State:  NJ      Zip:  07020                *
*County Code: 003      County Name:  BERGEN                                                    *
*                               Installation Mailing Address                                *
*Streets:  700 RIVER ROAD                                                    *
*City:      EDGEWATER                               State:  NJ      Zip:  07020                *
*                               Contact Information                                          *
*   Last Name      First Name      Title      Phone      Address(M,L,D) *
*   DELBENE        GENE                               2019414100      L                *
*Streets:  700 RIVER ROAD                                                    *
*City:      EDGEWATER                               State:  NJ      Zip:  07020                *
*Land Type:                                                    *
*****
* Enter-Continue      F1-Previous Scr      F2-Cancel      F3-Exit      *
*****

```

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*****
*                               RCRIS: Notification View Screen 3 of 5                               *
*****
* EPA Id:  NJD981559149      Other Id:                               Source:  N                      *
*                               *                               *                               *
* Owner Sequence Number:      1                                           *
* Ownership:  AMLAND PROPERTIES CORPORATION                                Type of Owner:  P                      *
*                               *                               *                               *
*                               Address of Owner/Operator                                *
*                               *                               *                               *
*   Street:  NOT REQUIRED                                                    *
*   City:    NOT REQUIRED                               State:  WY  Zip Code      99999                *
*   Phone:   2125551212                                                    *
*                               *                               *                               *
* Current/Previous Indicator:  CO  Change Date(MMDDYY):                    *
*                               *                               *                               *
*****
* Enter-Continue      F1-Previous Scr      F2-Cancel      F3-Exit      F5-Curr. Owner *
* F6-Prev. Owner      F8-Help              F9-First      F10-Next                    *
*****

```

